99653016

## **List of Establishments**

Column (a) - List separately any establishments of your company and its subsidiaries that were not

included on the PRE-IDENTIFIED LOCATIONS OF OPERATION but were in operation and engaged in

the industry printed in the mailing address section

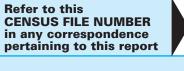
on the first page of the consolidated report form.

them, instead complete those forms. For acquired

establishments that you list, complete column (c2).

If your company operates at locations for which you have received separate report forms, do not list

**28 B.** ADDITIONAL LOCATIONS OF OPERATION



## **MAJOR ACTIVITY CODES FOR COLUMN (c1)**

- 60 Life insurance carrier direct
- 61 Accident and disability income insurance direct
- 62 Health insurance carrier direct
- 63 Health and medical plan direct
- 64 Property and casualty insurance carrier direct
- 65 Surety insurance carrier direct
- 66 Title insurance carrier direct
- 67 Other insurance carrier direct

Column (b) - Report number of employees and ATION COPER SE TO REPORT payroll for full- and part-time employees working at each establishment whose payroll was reported on your Internal Revenue Service Forms 941, Employer Quarterly Federal Tax Return. Include pertyceal operations. Do not combine datafor e tablistrients. If book figures are not available or employment and payroll for each establishment, please provide your best estimates. N Column (c1) - Enter the de from the MAJOR

ACTIVITY CODES list that best describes the activity of each establishment and specify the principal products or services.

Column (c2) - Complete for acquired establishments.

## IMPORTANT - DO NOT DUPLICATE ESTABLISHMENTS PRELISTED IN 🙆 A.

(Enter En establishment	nployer Ider name, your	ntification N store or pla	Subsidiaries umber (EIN), ant number, if any, ding ZIP Code.)	Eı	mployment a	nd Payroll	Major Activity in 2012 (Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)						
		(a)			(b)		(c1)						
EIN					2012	!	Code Specify						
					ber of emplo riod including	oyees for pay g March 12							
Name   Secondary name Store/Plant No.   Physical location (Number and street)													
								(c2) Former	Owner or	Operator			
Secondary name Store/Plant No.					First quarter	novroll	Name of former owner or operator						
					First quarter (January-Mai	• •							
Physical location (Number and street)					Mil.	Thou.	Mailing address (Number and street, P.O. Box, etc.)						
City, town, village, etc. State			ZIP Code				City, town, village, etc.		State	ZIP Code			
					2012								
					Annual pa	ayroll							
Date establishment	Month	Day	Year	\$Bil.	Mil.	Thou.			Month	Year			
opened or is expected to open							Date acqu	ired					

## Form NC-99653 (10-27-2011)

28 B. ADD	DITIONAL	LOCATION	15 UF	UPER/	41101	N - CC	ontinue	ea									
(a) Company Establishments and Subsidiaries						(b)	Employ	/ment	and Pay	yroll	(c1) Major Activity in 2012						
EIN								2012	2		Code	Specify					
						Number of employees for pay period including March 12											
Name																	
							(c2) Former Owner or Operator							perator			
Secondary name Store/Plant No.					First quarter payroll (January-March 2012)					Name of former owner or operator							
Physical location (Number and street)					\$Bil. Mil. Thou.					Mailing address (Number and street, P.O. Box, etc.)							
											- 71	1					
City, town, village, etc. State ZIP Code					Annual Parr Orou.R					OP	village etc	State	7	ZIP Code			
sity, town, villa	96, 616.	State	211 0	Jue		NAC	A	2012				, vinage etc.	State				
			IN	IF(	Jr		Anr	ual p	ayr m	R	EPL	<u>// · · · </u>					
Date establishment	Month	Day		Year		\$Pil.	S			ou.			Month		Year		
opened or is expected to open		D	0	N	ינ						Date acqui						
EIN						2012					Code	Specify					
						Number of employees for pay period including March 12											
Name												( <b>c2</b> ) Former	Owner or	r Op	perator		
Secondary name Store/Plant No.					First quarter payroll (January-March 2012)					Name of former owner or operator							
Physical location (Number and street)						\$Bil.	Bil.   Mil.   Thou.   Mailing address (Number and street, P.O. Box,							etc.)			
City, town, villag	ge, etc.	State	ZIP C	Code							City, town	State	State ZIP Code				
						2012 Annual payroll											
Date	Month	Day		Year		\$Bil.			Tho	ou.			Month	Ť	Year		
establishment opened or is expected to open											Date acqui	ired					
EIN								2012	,		Code	Specify				_	
						Number of employees for pay period including March 12					Code	opecity					
Name																	
											(c2) Former Owner or Operator						
Secondary name Store/Plant No.					First quarter payroll (January-March 2012)					Name of former owner or operator							
Physical location	n (Number	and street)	4			\$Bil.	Mi	Ι.	Tho	ou.	Mailing ac	ldress (Numl	per and st	reet	t, P.O. Box,	etc.)	
City, town, village, etc. State ZIP Code									City, town, village, etc. State ZIP Code								
City, town, village, etc. State			ZIF CODE			2012					City, town, village, etc. State ZIP Code						
							Anr	ual pa									
											-			-			
Date establishment	Month	Day		Year		\$Bil.	Mi	I.	Tho	ou.			Month		Year		

99653024